FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P97000084069 (8)

CRYSTAL VISIONS INC.

FILED Mar 13 1998 8:00am Secretary of State



					1 100 100 110 100 100 100 100 100 100 1	
Principal Place of Business Mailing Address						
1985 SOUTH OCEAN DRIVE #2A 1985 SOUTH OCEAN DRIVE			RIVE #2A			
HALLANDA	ALE FL 33009	HALLANDALE FL 33009	HALLANDALE FL 33009		DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
					09/26/1997	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number Applied For	
21		26			Not Applicable	
	pt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired 58.75 Additional	
City & St	tale	City & State	City & State		Fee Required	
23	28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country		8. This corporation owes or has paid the current year Intangible	
24	25	29	30		Personal Property Tax due June 30. 🌃 Yes 🔲 No	
	g. Name and Address of Cur	rent Registered Agent			10. Name and Address of New Registered Agent	
	ARNOLD, ROBIN		81	Name		
1985 SOUTH OCEAN DRIVE #2A			82	82 Street Address (P.O. Box Number is Not Acceptable)		
ĵ	HALLANDALE FL 33009					
			83	•		
			84	City	85 Zip Code	
44 Durous	at to the provisions of Sections 607.0	EO3 and 607 1509 Elected Statut	an the obe	io namor	FL 9 2000	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered						
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURI	Signature, typed or printed name of registered	agent and title if applicable (NOT)	F: Registered Ac	ulano a tne	e required when reinstating) DATE	
12.	DECIDEDO /	NID DIDECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Pris isons	DELETE	1.1 TITLE		Change Addition	
NAME	_		1.2 NAME		RYCHARD ARYOLD 35 #20	
STREET ADDRES	ET ADDRESS RICHMY MANCE		1.3 STREE	T ADDRESS	1985: Saur Ceaus DR # 2A	
CITY-ST-ZIP	THE PHINCE) 140		1.4 CITY -	ST-ZIP	11-12110000116 - 1 - 2200d	
TITLE		→ □ DELETE	2.1 TITLE		☐ Ctriange ☐ Addition	
NAME			2.2 NAME 2.3 Street address			
STREET ADDRES	1:					
CITY-ST-ZIP TITLE	 	DELETE	2.4 CITY-	\$1-ZIP	Change Addition	
NAME]	3.7			Contained Tricking	
STREET ADDRES				T ADDRESS		
CITY-ST-ZIP			3.4. CITY-			
TITLE			4.1 TITLE	or pet	☐ Change ☐ Addition	
NAME			4. 2 NAME			
STREET ADDRES	s		4.3 STREE	T ADDRESS		
CITY-ST-ZIP	<u> </u>		4.4 CITY-	ST-ZIP		
TITLE	DELETE 5.1 TI		5.1 TITLE		☐ Change ☐ Addition	
NAME	5.21		5.2 NAME		1 (2.か)	
STREET ADDRESS	ET ADDRESS 5.3		5.3 STREE	T ADDRESS	/ m/(2)	
CITY-ST-ZIP			5.4 CITY-	ST-ZIP	21	
TITLE		DELETE	6.1 TITLE			
NAME	_		6.2 NAME	i	-03/13/9801011012	
STREET ADDRESS	S		6.3 STREE		500002456165 -03/13/9801011012 ***150.00	
CITY-ST-ZIP	L v certify that the information supplied	e information supplied with this filing does not qualify for the		ST-ZIP	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information	
indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same tegal effect as if made under oath; that I am an						
indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.						